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Bib Data Sheet

CONFIRMATION NO. 7540

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| SERIAL NUMBER 09/617,476 | FILING DATE 07/17/2000 RULE | CLASS 705 | GROUP ART UNIT 3626 | ATTORNEY DOCKET NO. ANC07 |
| APPLICANTS Christine B. Sweetser, Linn Haven, FL; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/07/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | STATE OR COUNTRY FL | SHEETS DRAWING 5 | TOTAL CLAIMS 31 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS 27863 | | | | |
| TITLE Client driven healthcare system and process | | | | |
| FILING FEE RECEIVED 444 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| SERIAL NUMBER 09/617,476 | FILING DATE 07/17/2000 RULE | CLASS 705 | GROUP ART UNIT 2761 | ATTORNEY DOCKET NO. ANC07 |
| APPLICANTS Christine B. Sweetser, Linn Haven, FL ; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/07/2000 | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | STATE OR COUNTRY FL | SHEETS DRAWING 5 | TOTAL CLAIMS 31 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS Cort Flint P A P O Box 10827 Greenville ,SC 29603 | | | | |
| TITLE Client driven healthcare system and process | | | | |
| FILING FEE RECEIVED 444 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |